Dartmouth Health

Dartmouth Hitchcock Medical Center

Phone: (866) 346-2362
Fax: (603) 676-4080
Medically Urgent Fax: (603) 640-1909

Referring Provider: _____ Office Phone: _____

Practice Name: _____ Fax: _____

Practice Address _____PCP Name: _____

Patient Name: _____ MRN# _____

DOB: _____ Cell Phone _____ Home Phone _____Work Phone _____

Mailing Address: _____

Will a supplied interpreter be needed for this appointment? ❑ No ❑ Yes Language:_____

Health Insurance: _____Subscribers Name: _____

Policy #: _____ Group# _____ Subscribers DOB _____

Referral for Electroencephalography (EEG) and Evoked Potential

Lebanon: Fax: (603) 676-4080 Medically Urgant Fax: (603) 640-1909

Please select the service requested:

❑ Test and consultation ❑ Test only

If Test only, please select service(s) requested:

❑ EEG (Adult or Pediatric): ❑ Routine 90 min (sleep deprived) ❑ 24-hour Ambulatory EEG

❑ Evoked Potential (Adult only): ❑ Visual Evoked Potential (VER) ❑ Brainstem Evoked Potential (BAER)

❑ Somatosensory Evoked Potential(s) (check all that apply):

❑ Upper limb (SPT)

❑ Lower limb (SEP)

Diagnosis/Reason for test: _____

For EEG & Consult requests, specialist preferred/requested (optional): _____

Urgency of Appointment: ❑ Routine ❑ Urgent Explain: _____

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Please attach insurance information, relevant office records and/or prior studies/images with this form.

For Neurology appointments in Manchester, please use the Manchester Neurology Referral Form.